

HHL

FILED

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10/10/2007

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOISMICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTIN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVITKenneth Poundaker

Plaintiff

v.

Cook County Public Defenders Office
(Robert P. Kelly, Clerk, 1111 N. Dearborn St., Chicago, IL 60610)
Defendant(s)08CV2546
JUDGE DOW JR.
MAG. JUDGE COX

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT.

I, Kenneth Poundaker, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other _____) in the above-entitled case. This affidavit constitutes my application ☐ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☐ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)
I.D. # R06316 Name of prison or jail: Western Illinois
Do you receive any payment from the institution? ☐ Yes ☐ No Monthly amount: _____
2. Are you currently employed? ☐ Yes ☒ No
Monthly salary or wages: \$0.00
Name and address of employer: None at present
 - a. If the answer is "No":
Date of last employment: 03-21-07
Monthly salary or wages: \$500.00 monthly
Name and address of last employer: J.P. Teaching
 - b. Are you married? ☐ Yes ☒ No
Spouse's monthly salary or wages: _____
Name and address of employer: _____
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
 - a. Salary or wages ☐ Yes ☒ No
Amount _____ Received by _____

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No
Amount _____ Received by _____
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No
Amount _____ Received by _____
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No
Amount _____ Received by _____
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No
Amount _____ Received by _____
- f. ☐ Any other sources (state source: _____) ☐ Yes ☒ No
Amount _____ Received by _____
4. Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts? ☐ Yes ☐ No Total amount: _____
In whose name held: _____ Relationship to you: _____
5. Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No
Property: _____ Current Value: _____
In whose name held: _____ Relationship to you: _____
6. Do you or anyone else living at the same residence own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No
Address of property: _____
Type of property: _____ Current value: _____
In whose name held: _____ Relationship to you: _____
Amount of monthly mortgage or loan payments: _____
Name of person making payments: _____
7. Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No
Property: _____
Current value: _____
In whose name held: _____ Relationship to you: _____
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☐ No dependents
Dorian Rindorke, my son 1500.00 monthly

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 06-30-07

Kenneth Poindexter
Signature of Applicant

Kenneth Poindexter
(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein Poindexter, Kenneth ID# R06316, has the sum of \$ 25.95 on account to his/her credit at (name of institution) Western Illinois CC.

I further certify that the applicant has the following securities to his/her credit: N/A. I further certify that during the past six months the applicant's average monthly deposit was \$ _____.
(Add all deposits from all sources and then divide by number of months).

March 24, 2008
DATE

Beverly J. Engelbrecht
SIGNATURE OF AUTHORIZED OFFICER

Beverly J. Engelbrecht
(Print name)

Time: 1:59pm

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Western Illinois Correctional Center

Trust Fund

Inmate Transaction Statement

REPORT CRITERIA - Date: 9/24/2007 thru End; Inmate: R06316; Active Status Only ? : No; Print Restrictions ? : Yes;
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print
 Balance Errors Only ? : No

Inmate: R06316 Poindexter, Kenneth

Housing Unit: WIL-03-B -38

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
					Beginning Balance:		0.00
02/26/08	Mail Room	04 Intake and Transfers In	057215	138820	Stateville C.C.	-9.50	-9.50
03/07/08	Payroll	20 Payroll Adjustment	067153		P/R month of 02/2008	5.44	-4.06
03/14/08	Mail Room	10 Western Union	074200	2339370819	POINDEXTER, TRENELL	40.00	35.94

Total Inmate Funds: 35.94

Less Funds Held For Orders: .00

Less Funds Restricted: 9.99

Funds Available: 25.95

Total Furloughs: .00

Total Voluntary Restitutions: .00

RESTRICTIONS

Invoice Date	Invoice Number	Type	Description	Vendor	Amount
02/28/2008	2467	Disb	copies	2 DOC: 523 Fund Library	\$0.60
03/17/2008	2663	Disb	Legal Postage	7606 CMRS-PBP Acct. #36242386	\$0.58
03/17/2008	2663	Disb	Legal Postage	7606 CMRS-PBP Acct. #36242386	\$1.14
03/17/2008	2663	Disb	Legal Postage	7606 CMRS-PBP Acct. #36242386	\$0.97
03/19/2008	2670	Disb	Library	99999 DOC: 523 Fund Inmate Reimbursemen	\$1.15
03/19/2008	2712	Disb	Debts due to State (non-postage)	99999 DOC: 523 Fund Inmate Reimbursemen	\$5.00
03/21/2008	2727	Disb	copies	2 DOC: 523 Fund Library	\$0.55
				Total Restrictions:	\$9.99